	Connecticut Depa	artmen	nt of	Public H	lealth	Dı	rinking	g Wa	ter S	Sec	tion	
	Water Qua	ality Mo	onit	oring and	d Com	ıpl	iance S	Sche	dule)		
PWS ID	PWS Name					Cla	ssification	Popula	tion	Owne	er Type Pri	imary Source
CT0130034	ACORN ACRES, INC.						NC	25			Р	GW
Local Address (v	where applicable)			Service	Resident	tial	Commerci	ial Ind	ustrial	C	ombined	Agricultural
135 LAKE ROAD				Connections			1					
Towns Served: I	BOZRAH											
		M	onito	ring Requ	iireme	nts	3					
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF IE	D: 00600)								
Total Coliforn	n (3100)								1 ו	outi	ine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)				Monitorii	ng F	Period C	Collectio	n Peri	od	Complia	ınce Status
Select fron	n Inventory of Active Samplin	g Points			4/1/19 -	6/3	0/19					
					7/1/19 -	9/3	0/19					
Physical Para	meters (PPS)								1 ו	outi	ine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)				Monitorii	ng F	Period C	Collectio	n Peri	od	Complia	ınce Status
Select fron	n Inventory of Active Samplin	g Points			4/1/19 -	6/3	0/19					
					7/1/19 -	9/3	0/19					
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)									
Nitrate (1040	0)								1 ו	outi	ine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)				Monitorii	ng F	Period C	Collectio	n Peri	od	Complia	ınce Status
ENTRY POINT (3)					10/1/18 -	12/	31/18				Cor	mplete
					1/1/19 -	3/3	1/19				Cor	mplete
					4/1/19 -	6/3	0/19					
					7/1/19 -	9/3	0/19					
Nitrite (1041)									1 rc	outine (R ⁻	Γ) per year
Sampling I	Point (Sampling Point ID)				Monitorii			Collectio	n Peri	od	Complia	ınce Status
ENTRY POI	NT (3)				1/1/18 - 12/31/18 Complete						nplete	
					1/1/19 - 12/31/19							
					1/1/20 - :	12/3	31/20					
		Oth	er Co	ompliance	Sched	lule	es					
Compliance Sch	nedule Activity				L	Due	Date	-	Achiev	ed D	ate	
SEASONAL STAF	RT UP COMPLETION				Ę	5/1/	2019					•
		Public	Noti	ification R	equire	me	ents					
			Co	ompliance	Notice		<u>Public N</u>	otificat	ion		PN Certi	<u>fication</u>
Violation/Situa	tion			Period	Tier		Required	Perf	ormed	Du	e to DPH	Received
REVISED TOTAL	COLIFORM RULE (RTCR)		5/2/	/18 - 7/2/18	3		6/15/2019			6/	25/2019	
	Water S	System F	acili	ty and Sar	npling	Po	int Inve	entory	1			
Water									ead a			
*	er System Facility		Point	Sampling Poi	nt		_	iform	Coppe		Anhasta	Stage
Facility ID	DIDLITION CYCTER 4	ID		Description	Status			WQP Z DBPR				
00600 DIST	RIBUTION SYSTEM	4	DE * * *	DISTRIBUTION			A	Υ				
				WITHIN 5 SER			A					
		UPSTRE	AIVI	WITHIN 5 SER	RVICE CON	N	A					

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

WELL

20266

	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0130034	0034 ACORN ACRES, INC.			NC		25	Р	GW
Local Address (where applicable)		Service	Residentia		Commerci	al Industri	al Combine	ed Agricultural
135 LAKE ROAD		Connections			1			
Towns Served:	BOZRAH	,						,

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization				Job Title		
Ms. Sis O'neil				_	' Campground			300 11110		
	- 0		N 4 - :1: A -				City	Ct-t-	7:- CI-	
Mailing Address Lin	e One		ivialling Ac	Idress Line Two			City	State	Zip Code	
135 Lake Road	1					Bozrah		СТ	06334	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-859-1020										
Contact Role(s): A	dministrative	Contact								
Name Organization					1			Job Title	b Title	
Mr. Marion O'neil Acorn				Acorn Acres,	Inc.		President/	Secretary		
Mailing Address Lin	e One		Mailing Ac	Address Line Two			City	State	Zip Code	
135 Lake Road						Bozrah		СТ	06334	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-859-1020										
Contact Role(s): Le	gal Contact									
Name				Organization	1			Job Title		
Mr. Matt Riley Acorn Campground LLC			ground LLC	Member						
Mailing Address Lin	e One		Mailing Ac	lailing Address Line Two			City	State	Zip Code	
PO Box 827					Norw				06360	
Business Phone	Extension	Fax		Mobile Phone	pile Phone Emergency Phone Email Address					
860-222-3997	12	860-222-3	998		860-367-2220	matt@fr	eeholdre.co	om		
Contact Role(s): O	wner		1		<u>'</u>	1				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut D	epartment	of Public H	lealth	Drir	ıking \	Water S	ection	
	Water (uality Mo	nitoring an	d Com	plia	nce So	chedule		
PWS ID	PWS Name							wner Type P	rimary Source
CT0130044	ACORN ACRES CAMPGI	ROUND-SYSTEM	1: TENNIS		N	IC	30	Р	GW
Local Addre	ss (where applicable)		Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
135 LAKE RO	DAD		Connections			1			
Towns Serve	ed: BOZRAH								
		Мо	nitoring Requ	ireme	nts				
Water Syst	em Facility: DISTRIBUTIO	ON SYSTEM (W	/SF ID: 00600)						
Total Colif	form (3100)						1 rc	outine (RT)	per quarter
_	ing Point (Sampling Point ID)			Monitori			lection Perio	d Compli	ance Status
Select	from Inventory of Active Sam	pling Points		4/1/19 - 6/30/19					
_				7/1/19 -	9/30/1	.9			
-	arameters (PPS)					,			per quarter
_	ing Point (Sampling Point ID			Monitori	_		lection Perio	a Compli	ance Status
Select	from Inventory of Active Sam	ipling Points		4/1/19 -					
Matau Cust	com Facility FNTDV DOIN	T /WCE ID: 00	700)	7/1/19 -	9/30/1	.9			
	em Facility: ENTRY POIN	II (WSF ID: 007	700)				4	ti (DT)	
	nd Nitrite (NOX) ing Point (Sampling Point ID)	1		Monitori	na Dori	ad Cal	1 rd Jection Perio		per quarter ance Status
_	POINT (3)			10/1/18 -			ection Perio	u Compi	unce Status
LINITA	POINT (3)			1/1/19 -					
				4/1/19 -					
				7/1/19 -				<u> </u>	
Nitrate Ar	nd Nitrite (NOX)			,, _, _,	2,00,2			1 routine (F	T) per year
	ing Point (Sampling Point ID))		Monitori	ng Perio	od Col	lection Perio	-	ance Status
ENTRY	POINT (3)			1/1/18 -	6/30/1	.8	1/1-6/30	Co	mplete
		Othe	r Compliance	Sched	ules				
Compliance	Schedule Activity				Due Da	te	Achieve	d Date	
_	START UP COMPLETION				5/1/201		71011101	<i>x</i> = 0.00	
		Public I	Notification R						
			Compliance	Notice		Public Not	ification	PN Cer	tification
Violation/S	ituation		Period	Tier			Performed	Due to DPH	Received
REVISED TO	TAL COLIFORM RULE (RTCR)		5/2/18 - 6/27/18	3	6/1	.5/2019		6/25/2019	
	Wate	er System Fa	acility and Sai	npling	Point	t Inven	tory		
Water						Tota	al Lead an	d	
- /	Vater System Facility		oint Sampling Poi	nt		Colifo			Stage
Facility ID	NOTE IN LITE OF THE PARTY OF TH	ID	Description			itus Rul		er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			4 Υ •			
			EAM WITHIN 5 SEF			Δ.			
00700 5	NITOV DOINIT	UPSTREA							
	NTRY POINT	3	ENTRY POINT		<i>F</i>				
20267 V	VELL	2	WELL		P	4			
			Contact Infori	mation					

Acorn Acres Campground

Job Title

State

City

Bozrah

Zip Code

06334

Organization

Mailing Address Line Two

Name

Ms. Sis O'neil

135 Lake Road

Mailing Address Line One

(Connectic	ut Depa	rtment	of Public	: Health	Drin	king	Water	Sec	tion	
	Wat	ter Qual	lity Mon	nitoring a	and Con	nplia	nce S	Schedul	e		
PWS ID F	PWS Name					Classifi	cation	Population	Owne	wner Type Primary So	
CT0130044	ACORN ACRES C	AMPGROUN	ID-SYSTEM 1	: TENNIS		N	С	30	I	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercial Industrial Combined Agricu				Agricultural
135 LAKE ROAD				Connection	ons		1				
Towns Served: BC	DZRAH			·	·	·					
Business Phone	Extension	Fax	М	obile Phone	Emergency	Phone	Email A	Address			
860-859-1020											
Contact Role(s):	Administrative	Contact									
Name	Name Organization								J	ob Title	
Mr. Marion O'neil Acorn Acres, Inc.					Inc.			President	/Secre	tary	
Mailing Address L	ine One		Mailing Add	ress Line Two				City		State	Zip Code
135 Lake Road							Bozrah			СТ	06334
Business Phone	Extension	Fax	М	obile Phone	Emergency	/ Phone	Email A	Address			
860-859-1020											
Contact Role(s):	Legal Contact										
Name				Organization					J	ob Title	
Mr. Matt Riley				Acorn Campa	ground LLC			Member			
Mailing Address L	ine One		Mailing Add	ress Line Two				City		State	Zip Code
PO Box 827							Norwic	:h			06360
Business Phone	Extension	Fax	М	obile Phone	Emergency	Phone	Email A	Address			
860-222-3997	12	860-222-3	3998		860-367-	2220	matt@	freeholdre.d	com		
Contact Role(s):	Owner										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			'D 11: 11	r 1.1	D : 1		0		
		Department of				Ŭ		ection	
	Water	Quality Monit	oring and						
PWS ID	PWS Name				Classifica	ation Pop	ulation Ov	ner Type Primary Source	
CT013006	LITTLE BROOK PLAZA	1			NC		25	Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Com	mercial I	ndustrial	Combined	Agricultural
426 SALEI	M TURNPIKE		Connections			1			
Towns Se	rved: BOZRAH								
		Monito	oring Requ	ıiremeı	nts				
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)						
Total Co	liform (3100)						1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point		Monitorir	ng Period	l Collec	tion Period	l Compl	iance Status	
Seled	ct from Inventory of Active S	ampling Points		10/1/18 -	12/31/18	3		Co	omplete
				1/1/19 -	3/31/19			Co	mplete
			4/1/19 -	6/30/19					
			7/1/19 -	9/30/19					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Sam	pling Point (Sampling Point		Monitoring Period Collection Period				l Compl	iance Status	
Seled	ct from Inventory of Active S		10/1/18 -	12/31/18	3		Co	omplete	
			1/1/19 - 3/31/19						omplete
				4/1/19 -	6/30/19				
				7/1/19 -	9/30/19				
Water Sy	stem Facility: ENTRY PC	INT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (F	RT) per year
Sam	pling Point (Sampling Point	ID)		Monitorin	ng Period	l Collec	tion Period	l Compl	iance Status
ENT	RY POINT (3)			1/1/18 - 1	12/31/18	1		Co	omplete
				1/1/19 - 1	12/31/19	1			
				1/1/20 - 1	12/31/20	1			
	Wa	iter System Facili	ty and Sar	npling	Point	Invento	ry		
Water						Total	Lead and	1	
	Water System Facility	Sampling Point		nt		Coliforn	n Copper		Stage
Facility ID		ID	Description		Statu	_{IS} Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	I A				
		UPSTREAM	WITHIN 5 SER	RVICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
20269	WELL	2	WELL		Α				
59796	TREATMENT PLANT								
		Con	tact Inforr	mation					
Name			ganization					Job Title	
	ony Salvemini		<u> </u>			Ov	wner		
N 4 = 111 A	ddagaa Daga	0.4 :1: 0.1.1					-	Ct-t-	7: 0 1

City

Taftville

Emergency Phone Email Address

State

СТ

Zip Code

06380

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Business Phone

860-887-5624

P.O. Box 69

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quarrey 1.10111c	or mg am	u 0011	TP.	indirec t	, cii ca ai		
PWS ID	WS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0130064	0064 LITTLE BROOK PLAZA				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
426 SALEM TURNPIKE		Connections			1			

Towns Served: BOZRAH

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0130084	REVELATION CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
166 BISHOP ROA	AD.	Connections			1			

Towns Served: BOZRAH			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	2/1/19 - 2/28/19		Complete
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL #1 (WSF ID: 20271)			
E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	1/22/19 - 1/28/19		Complete
	-		

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		7	0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0130084	REVELATION CHURCH				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
166 BISHOP ROA	AD.		Connections		1			

Towns Served: BOZRAH

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
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L1 ASSESSMENT (MULTIPLE TC+) 2/21/2019

Public Notification Requirements

	Compliance	Notice	<u>Public Notification</u>		PN Certification	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	2/22/19 -	2	4/28/2019		5/8/2019	

Water System Facility and Sampling Point Inventory

		•	· · · ·	•		•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEI	M A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CO	ON A					
		UPSTREAM	WITHIN 5 SERVICE CO	ON A					
00700	ENTRY POINT	3	ENTRY POINT	А					
20271	WELL #1	2	WELL	Α					
E / 770	DI ADDED TANK								

54778 BLADDER TANK

Contact Information Organization Name Job Title Reverend Matthew Grohocki Revelation Church Pastor Mailing Address Line One Mailing Address Line Two City State Zip Code 29 Haughton Road 06334 Bozrah **Business Phone Extension** Fax Mobile Phone Emergency Phone Email Address 860-949-5273 860-942-7359 mark@myrevelationchurch.com

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut Department	of Public H	ealth	D	rinking	Water	Section		
	Water Quality Mon	itoring and	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0130104	BESTWAY CONVENIENCE STORE				NC	25	Р	GW	
Local Address (\	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural	
419 - 421 SALEN	M TURNPIKE	Connections		1					
Towns Served: I	BOZRAH						,		
	Mon	itoring Requ	ireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Coliforn	n (3100)					1	routine (R1) per quarter	
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod Com	pliance Status	
Select fron	n Inventory of Active Sampling Points	:	10/1/18 -	- 12/	/31/18			Complete	
			1/1/19 - 3/31/19					Complete	
			4/1/19	- 6/3	0/19				
			7/1/19	9/3	n/19				
			11111	2,3	0,13				

Physical Parameters (PPS) 1 routine							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						
Water System Facility: ENTRY POINT (WSF ID: 00700)							

water system raciney.			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitorina Period	Collection Period	Compliance Status

Organic Chemicals (VOCS)		11000	ine (ivi) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/30/2018	3/19/2019

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Organic Chemicals M&R Violation	10/1/17 - 12/31/17		3/24/2018		4/3/2018				

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DE		
00600	DISTRIBUTION SYSTEM	1 4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name Classification Population Owner T						T T T T T T T T T T T T T T T T T T T	Primary Source				
CT0130104	CT0130104 BESTWAY CONVENIENCE STORE				NC	25	Р	GW			
Local Address (where applicable)		Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural			
419 - 421 SALE	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOZRAH

	Wa	ter System Facili	ity and Samplin	g Point Ir	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	5.1	Lead and Copper Rule Tier	Asbestos	tage DBPR
60320	WELL 1	2	WELL 1	Α				
60323	TREATMENT PLANT							

			C	ontact Inf	ormation					
Name				Organization				Job Title		
Mr. Asif Choudhry				Bestway Convenience Store				Mgr / Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
419 Salem Turnpike	9					Bozrah		СТ	06334	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email A	Email Address			
860-889-2266			86	50-204-7099	asifman500@gmail.co			om		
Contact Role(s): Le	egal Contact, (Owner	,							
Name				Organization				Job Title		
Ms. Maryum Javaid	d			Bestway Con	venience Store		Owner			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code	
			419 Salem T	'pke		Bozrah		СТ	06334	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email A	ddress			
860-383-2850					860-705-9686	mimosc	ountry@gma	il com		

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

	Connecticut De	partmen	t of Public H	lealth D	rinkir	ng Water	Section	
		•	onitoring an			_		
PWS ID	PWS Name	adirey 1.10	omitoring an			n Population		rimary Source
CT0130114	LEFFINGWELL BAPTIST C	HURCH		<u> </u>	NC	25	P	GW
	(where applicable)		Service	Residentia			Combined	_
	RNPIKE (ROUTE 82)		Connections		1			0
Towns Served:	· · · · · · · · · · · · · · · · · · ·		<u> </u>					
		Me	onitoring Requ	uirement	:S			
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (\	WSF ID: 00600)					
Total Colifor	m (3100)					1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Per	iod Compl	iance Status
Select fro	m Inventory of Active Samր	oling Points		10/1/18 - 12	2/31/18		Co	mplete
				1/1/19 - 3/	31/19		Co	mplete
				4/1/19 - 6/	30/19			
				7/1/19 - 9/	30/19			
•	ameters (PPS)					1	routine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring	Period	Collection Per	iod Compl	iance Status
Select fro	m Inventory of Active Samp	oling Points		10/1/18 - 12				mplete
				1/1/19 - 3/			Co	mplete
				4/1/19 - 6/				
				7/1/19 - 9/	30/19			
,	n Facility: ENTRY POINT	(WSF ID: 00	0700)					
	Nitrite (NOX)							RT) per year
Sampling	Point (Sampling Point ID)			Monitoring		Collection Per	iod Compl	iance Status
ENTRY PC	DINT (3)			1/1/18 - 12	•		Co	mplete
				1/1/19 - 12				
				1/1/20 - 12	/31/20			
		Oth	er Compliance	Schedu	les			
Compliance Sc	hedule Activity			Du	e Date	Achiev	red Date	
CROSS CONNE	CTION EXEMPTION			3/1	L/2024			
		Public	Notification R	Requirem	ents			
			Compliance	Notice	<u>Public</u>	Notification	PN Cer	<u>tification</u>
Violation/Situ	ation		Period	Tier	Require			
E. Coli			7/1/17 - 9/30/17	3	1/10/201		1/20/2019	3/11/2019
	Wate	r System F	acility and Sai	mpling P	oint Inv	entory		
Water						Total Lead		
•	ter System Facility		Point Sampling Poi	int	C	oliform Copp		Stage
Facility ID		ID	Description		Status		Tier Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y								

	W	ater System Facili	ty and Sampling F	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20274	WELL	2	WELL	Α					
54702	BLADDER TANK				·		·		

Contact Information											
Name		Organization	Job Title								
Leffingwell Baptist Church											
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	Zip Code					

	Connectic	ut Depa	rtment of	Public	Health	Drin	iking	water	Section	
	Wa	ter Qua	lity Monit	oring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classifi	cation F	Population	Owner Type	Primary Source
СТ0130114	LEFFINGWELL BA	APTIST CHUR	RCH			N	С	25	Р	GW
Local Address (w	here applicable)			Service	Service Residen		mmercia	l Industri	al Combin	ed Agricultural
388 SALEM TURI	NPIKE (ROUTE 82)		Connection	ns		1			
Towns Served: B	OZRAH					,				
P.O. Box 250							Bozrah		СТ	06334
Business Phon	e Extension	Fax	Mobil	le Phone	e Phone Emergency Phone Email A			ddress		
860-887-7703										
Contact Role(s):	Owner									
Name			Or	ganization					Job Tit	е
Mr. Robert Mac	gregor		Le	ffingwell Ba	ptist Church	1		Head Trus	stee	
Mailing Address	Line One		Mailing Address	Line Two			City		State	Zip Code
P.O Box 250				Bozrah		СТ	06334			
Business Phon	e Extension	Fax	Mobil	le Phone	Emergency	Phone	Email A	ddress		
860-887-7703							RMACG	REGOR4@I	CLOUD.COM	

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact, Legal Contact

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	0		. D .		CD 11:	TT 1.1	D :	1	TAT		
	C		ut Departn					U			
		Wa	ter Quality	Monit	toring a	nd Con	ıplia	nce So	chedule	!	
PWS ID	P۱	VS Name					Classifi	ication P	opulation C	wner Type	Primary Source
CT013013	34 A(CORN ACRES C	AMPGROUND-SYS	STEM 2: L	AUNDRY		N		30	Р	GW
		re applicable)			Service	Residen	tial Co	mmercial	Industrial	Combine	d Agricultural
135 LAKE					Connectio	ns		1			
Towns Sei	rved: BOZ	ZRAH									
				Monit	oring Re	quireme	nts				
-		•	RIBUTION SYSTER	И (WSF	ID: 00600)						
Total Co	-	•								= :) per quarter
		nt (Sampling P	-			Monitori			lection Perio	od Comp	oliance Status
Selec	ct from In	ventory of Act	ive Sampling Point	S		4/1/19 -					
		. (===)				7/1/19 -	9/30/1	9			
-		ters (PPS)	loint (D)			Manite :	n m D =*	ad 6.1		-) per quarter
_		nt (Sampling P	-			<i>Monitori</i> 4/1/19 -			lection Perio	oa Comp	oliance Status
Selec	ct from in	ventory of Act	ive Sampling Point	S		7/1/19 -					
Water Sv	ıstem Fa	cility: FNTR	Y POINT (WSF II)· 00700	1	7/1/19-	9/30/1	.9			
		ite (NOX)	1 101111 (1131 11	<i>7.</i> 00700						1 routing	(RT) per year
		nt (Sampling P	oint ID)			Monitori	na Perio	nd Col	lection Perio		oliance Status
	RY POINT					1/1/18 -			icotion i circ		Complete
		(3)				1/1/19 -					- Somplete
						1/1/20 -					
			(Other C	omplian						
Complian	ce Schedi	ule Activity			•		Due Dat	te	Achieve	ed Date	
		JP COMPLETIO	N .				5/1/201	L9			
			Pul	olic No	tification	Require	ment	ts			
					Compliance	Notice		Public Not	rification	PN Ce	rtification
Violation,	/Situatio	1			Period	Tier	Re	quired	Performed	Due to DP	H Received
REVISED 1	TOTAL CO	LIFORM RULE	(RTCR)	5/2	2/18 - 7/2/18	3	6/1	5/2019		6/25/2019	Э
			Water Syste	m Facil	ity and S	ampling	Point	t Inven	tory		
Water								Tot	al Lead a	nd	
System		ystem Facility	Samp	_	Sampling I			Colife			Stage
Facility ID				ID	Description		Sta			ier Asbesto	s WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM		4		ION SYSTEM					
					WITHIN 5						
00700	ENITE V E	OINT	UPS	STREAM		SERVICE CON					
00700	ENTRY F	OINT		3	ENTRY POI	IN I	Α				
22725	WELL			2	WELL		F	1			
					ntact Info	ormation					
Name					rganization					Job Title	!
Ms. Sis O'			1		corn Acres C	Campground					
Mailing A		ne One	Maili	ng Addres	ss Line Two				City	State	Zip Code
135 Lake								Bozrah		СТ	06334
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	ldress		

860-859-1020

Contact Role(s): Administrative Contact

partmen	it of	Public	Health	Drir	iking	Water	Secti	on	
uality Mo	onito	oring a	nd Com	plia	nce S	chedul	e		
				Classif	ication F	Population	Owner 7	ype P	rimary Source
OUND-SYSTEN	/1 2: LA	: LAUNDRY NC			С	30	Р		GW
		Service Reside		ial Co	mmercia	l Industria	al Con	nbined	Agricultura
		Connections			1				
	Or	ganization					Jok	Title	
	Ac	orn Acres, Ir	nc.			President/	'Secreta	ry	
Mailing A	ddress	ress Line Two			City			tate	Zip Code
		Bozr						СТ	06334
ax	Mobile	lobile Phone Emergency Phone Er			Email A	ddress			
	Or	ganization					Jok	Title	
	Ac	orn Campgr	ound LLC			Member			
Mailing A	ddress	Line Two				City	S	tate	Zip Code
					Norwich	١			06360
ax	Mobile	e Phone	Emergency	Phone	Email A	ddress			
22-3998			860-367-2	2220	matt@f	reeholdre.c	om		
	Mailing A	OUND-SYSTEM 2: LA Or Ac Mailing Address Fax Mobil Or Ac Mailing Address Mobil	DUND-SYSTEM 2: LAUNDRY Service Connection Organization Acorn Acres, In Mailing Address Line Two Organization Acorn Campgr Mailing Address Line Two Mailing Address Line Two Mailing Address Line Two	Organization Acorn Acres, Inc. Mailing Address Line Two Organization Acorn Campground LLC Mailing Address Line Two Mailing Address Line Two Emergency Mobile Phone Emergency Mobile Phone Emergency Emergency	Classification Ound-System 2: LAUNDRY Service Connections Organization Acorn Acres, Inc. Mailing Address Line Two Organization Acorn Campground LLC Mailing Address Line Two Mailing Address Line Two Emergency Phone Fax Mobile Phone Emergency Phone	Classification F DUND-SYSTEM 2: LAUNDRY NC Service Connections Residential Commercial	Classification Population	Classification Population Owner Tourney NC 30 Population Owner Tourney Owne	Classification Population Owner Type POUND-SYSTEM 2: LAUNDRY Service Connections Residential Commercial Industrial Combined Organization Job Title Acorn Acres, Inc. Mailing Address Line Two City State Bozrah CT Fax Mobile Phone Emergency Phone Email Address Organization Job Title Bozrah CT Fax Mobile Phone Emergency Phone Email Address Organization Job Title Acorn Campground LLC Member Mailing Address Line Two City State Norwich Email Address Fax Mobile Phone Emergency Phone Email Address

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End of schedule

	(Connecticut De	epartment of	Public F	lealth	Drink	ing W	later S	ection				
			uality Monit										
PWS ID	ı	PWS Name	<u> </u>	<u> </u>		*		on Population Owner Type Primary So					
CT013100	3 (CHILDRENS DENTAL ASS	SOCIATION			NC		110	Р	GW			
Local Addr	ress (wł	nere applicable)		Service	Resident	tial Comm	nercial	Industrial	Combined	Agricultural			
392 SALEN	M TURN	PIKE		Connections		1	L						
Towns Ser	rved: BC	DZRAH					<u> </u>		1				
			Monito	oring Requ	uireme	nts							
Water Sy	stem F	acility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)									
Total Col	liform	(3100)						1 ro	utine (RT)	per quarter			
Samp	pling Po	int (Sampling Point ID)			Monitorii	ng Period	Collec	ction Period	d Compl	iance Status			
Selec	t from	Inventory of Active Sam	pling Points		10/1/18 -	12/31/18			Co	omplete			
					1/1/19 -				Co	omplete			
					4/1/19 -								
					7/1/19 -	9/30/19							
_		eters (PPS)								per quarter			
-		oint (Sampling Point ID)			Monitorii		Collec	ction Period		iance Status			
Selec	ct from I	Inventory of Active Sam	pling Points		10/1/18 -					omplete			
					1/1/19 -				Co	omplete			
					4/1/19 -								
			- (7/1/19 -	9/30/19							
		acility: ENTRY POIN	T (WSF ID: 00700)										
		trite (NOX)							=	RT) per year			
-		oint (Sampling Point ID)			Monitorii		Collec	ction Period	•	iance Status			
ENTR	RY POIN	T (3)			1/1/18 - 3				Co	omplete			
					1/1/19 - 1								
		•••			1/1/20 - :								
		Wate	er System Facili	ty and Sai	mpling	Point Ir	nvento	ory					
Water	147 -	c					Total	Lead and		_			
System		System Facility	Sampling Point		int		Coliforn			Stage 2 Dans			
Facility ID		DUITION CVCTER 4	ID	Description	NI CVCTER 4	<u>Status</u>	Rule	Kuie He	i ASDESTOS	WQP 2 DBPR			
00600	DISTRI	BUTION SYSTEM	4	DISTRIBUTION									
			DOWNSTREAM										
00700	- FNITOV	DOINT	UPSTREAM	WITHIN 5 SEF									
00700		POINT	3	ENTRY POINT		Α							
56901	WELL:		2	WELL 1		Α							
57123	PRESS	URE TANK								_			
			Con	tact Infor	mation								
Name			Or	ganization					Job Title				

Cd Investors, LLC.

Mailing Address Line Two

Mobile Phone

392 Salem Turnpike

Fax

Owner

City

mfatone@childrensdentalnlc.com

Bozrah

Emergency Phone Email Address

State

СТ

Zip Code

06334

Ms. Melanie Fatone

Business Phone

860-886-5576

Mailing Address Line One

Childrens Dental Association

Contact Role(s): Legal Contact

Extension

1

(Connectic	ut Depa	rtmei	nt of	Public	Health	ı Drii	nking	Water	Section	
	Wat	ter Qua	lity M	onite	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0131003	CHILDRENS DEN	TAL ASSOCIA	NOITA				N	IC	110	Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
392 SALEM TURN	PIKE		Connection	ns		1					
Towns Served: BC	DZRAH					,	·				
Name				Or	ganization					Job Titl	e
Ms. Michelle Her	tes			Cd	Investors L	LC			Manager		
Mailing Address L	ine One		Mailing A	Address	Line Two				City	State	Zip Code
392 Salem Turnpi	ke							Bozrah		СТ	06334
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Address	,	
860-886-5576		860-885-	1379			860-886	-5576	childre	n.dental@s	net.net	
Contact Role(s):	Administrative	Contact						*			

Contact Role(s): Administrative Contact

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